MEDICAL ELIGIBILITY DETERMINATION (MED)

Background Information

Assessment Start Date: ☐☐–☐☐–☐☐☐☐ (Month – Day – Year)

Provider-Assessor # ☐☐☐☐☐☐☐☐–☐☐☐

Name of Person Coordinating Assessment _____ Title_____

Agency/Organization _____Phone Number_____

SECTION A. IDENTIFICATION AND BACKGROUND INFORMATION

1.	APPLICANT NAME	First:_____ (MI) _____ Last:_____
2.	ADDRESS	Street_____ City/Town_____ Cnty_____ State_____ Zip _____Phone (___)_____
3.	SOCIAL SECURITY NO.	☐☐☐–☐☐–☐☐☐☐
4.	MAINECARE NO. *(if applicable)*	☐☐☐☐☐☐☐☐☐
5.	MEDICARE NO.	☐☐☐☐☐☐☐☐☐☐
6A.	ASSESSMENT TRIGGER	1. Service Need 3. Significant Medical Change ☐ 2. Reassessment due 4. Financial Change
6B.	PROGRAM ASSESSMENT REQUESTED *(Choose only one.)*	1. Long Term Care Advisory; 2. Adult Day Care Program; 3. BEAS Home Maker; 4. MaineCare Day Health; 5. Consumer Directed PCA; 6. Home Based Care; 7. Phys. Dis. HCB; 8. Elderly HCB; 9. Adults w/ Disability HCB; 10. PDN - Level I, II, III; 11. Adult Family Care Home; 12. Level V - Extended PDN; 13. NF Assessment; 14. 20-day Medicare/MaineCare; 15. Medicare to MaineCare; 16. 20-day copay to NF MaineCare; 17. 30-day Community MaineCare NF; 18. Advisory to MaineCare Update; 19. Adv. Medicare to Private Pay NF; 20. Continuing Stay Review; 21. Extraordinary Circumstances to NF; 22. Katie Beckett; 23. NF PDN - Level IV; 24. Congregate Housing; 25. TBI; 26. MaineCare Home Health; 27. PDN Medication - Level VI; 28. PDN Venipuncture Only - Level VII; 29. Consumer Directed HBC ☐
7.	GENDER	1. Male 2. Female ☐
8.	RACE/ ETHNICITY *(Optional)*	1. American Indian/Alaskan 2. Asian/Pacific 3. Black 4. Hispanic 5. White 6. Other ☐
9.	BIRTH DATE	☐☐–☐☐–☐☐☐☐ (Month – Day – Year)
10A.	MARITAL STATUS	1. Never married 2. Married 3. Widowed 4. Separated 5. Divorced ☐
10B.	CITIZENSHIP	1. U.S. Citizen 2. Legal alien 3. Other ☐
11.	PRIMARY LANGUAGE	0. English 1. French 2. Spanish 3. Other_____ ☐
12.	CURRENT INCOME SOURCE FOR APPLICANT & HOUSEHOLD	*(Check all that apply.)*

	App.	Hshld.		App.	Hshld.
a/b. Social Security	a	b	g/h. SSI	g	h
c/d. Private Pension	c	d	i/j. Other	i	j
e/f. VA Benefits	e	f	k/l. Assets >$2000.00	k	l

13.	CURRENT OR POTENTIAL PAYMENT SOURCE *(Code a response in each box.)*	0. Not eligible 1. Eligible 2. Eligibility pending (application filed) 3. Eligibility anticipated (application not yet filed) 4. Unknown a. Community MaineCare (Routine home health, PDN) a; b. HCB - Elderly, AD b; c. HCB - Phys. Dis. c; d. NF MaineCare d; e. Medicare Part A e; f. Medicare Part B f g. Champus g; h. VA h; i. Title XX i; j. Other j
14.	LOCATION AT TIME OF ASSESSMENT & USUAL RESIDENCE	1. Hospital 2. Home/apartment 3. Congregate housing 4. Residential Care Facility 5. Nursing Home 6. Assisted Living Unit 7. Adult Family Care Home 8. Adult Foster Home 9. Other _____ A. Location at time of assessment ☐ B. Usual place of residence ☐
15.	USUAL LIVING ARRANGEMENT	Lives with: *(Check all that apply.)* a. Alone a; b. With spouse b; c. With children c; d. With other residents d e. With parents e; f. With friend f; g. With sibling g; h. Sig. other h; i. Other _____ i
16.	NO. IN HOUSEHOLD *(Incl. applicant)*	*Other than in institution/residential care facilities* ☐☐
17.	RESPONSI-BILITY/LEGAL GUARDIAN *(For only those items with supporting documentation)*	*(Check all that apply.)* a. Legal guardian a; b. Other legal oversight b; c. Durable power attorney/ health care proxy c d. Family member responsible d; e. Applicant responsible e; f. Other f; g. Unknown g
18.	ADVANCED DIRECTIVES *(For only those items with supporting documentation)*	*(Check all that apply.)* a. Living will a; b. Do not resuscitate b; c. Do not hospitalize c; d. Organ donation d; e. Autopsy request e f. Feeding restrictions f; g. Medication restrictions g; h. Other _____ h; i. NONE OF ABOVE i

19. CONTACTS

A. Name _____
Address _____
Relationship _____
Telephone _____ Legal Guardian ☐ Yes ☐ No

B. Name _____
Address _____
Relationship _____
Telephone _____ Legal Guardian ☐ Yes ☐ No

20. REFERRING PHYSICIAN _____
Address _____
Telephone _____

CONTINUING PHYSICIAN _____
Address _____
Telephone _____

Homebound 0 - No 1 - Yes ☐